

thoroughly cleansed it is to be given rest. No food is to be eaten, and water, except in small quantities, is not to be drunk. Thirst, if severe, may be relieved by the swallowing of pellets of ice, or by an enema of normal saline solution. The condition of the bowels usually requires attention. If constipation is present, benefit may be derived from the administration of calomel, or by an enema of magnesium sulphate in water. When vomiting has ceased for two or three hours we may look upon the condition as improved and commence the administration of food, at first liquid and in small quantities at a time; and as further improvement occurs in larger amounts.

The pain and distress in the region of the stomach may be mitigated by warm and moist compresses applied to the abdomen. Phenacetin combined with caffeine may be given for the relief of headache. Occasionally the gastric pain or headache is so severe that morphine is required to give relief.

In regard to the treatment of the cases between the attacks the principal indication is to remove the cause of the disease. If there is any perversion of gastric secretion or gastric motility, measures should be instituted for their correction. A slight degree of hydrochlorhydria or continuous hypersecretion is not an uncommon phenomenon in this affection. We should, therefore, be on the outlook for these perversions. If, from the history of the case, the attacks appeared to have been precipitated by the use of tobacco, or excesses in eating or drinking, etc., these errors in living should be interdicted. If excessive mental work appears to be a causative factor, the patient should be directed to alter his manner of living in order that he may gain more mental rest. The exhibition of bromide of strontium is frequently benefited in this type of case.

CLINICAL HISTORY OF A CASE.

J. K., aged 23, electrician, consulted me in December, 1904, on account of periodic attacks of vomiting from which he had suffered during the previous three years. Family history shows no predisposition to nervous affections. Patient is an inveterate cigarette smoker. He works hard (mentally) and is prone to worry about unimportant matters. His general habits are good. Prior to the date (1901) at which he first began to suffer from attacks of vomiting he had fairly good health, although suffering occasionally from headache, acid belching, and slight pressure in the region of the stomach after eating.